

# CENTRE FOR INTERNATIONAL BUSINESS STUDIES

## **Expatriates and Homesickness**

Dieu Donné Hack-Polay<sup>1</sup>

Paper Number 1-07  
Research Papers in International Business

---

<sup>1</sup> Dieu Donné Hack-Polay is Senior Lecturer in International Human Resource Management at London South Bank University. He has been awarded a Doctorate in Education (EdD), specialising in Leadership and Management and a PhD in Sociology. His research interests are in migrant labour and comparative human resource management.

## **Abstract**

*The paper argues the importance of addressing homesickness as an illness. It uses psychological and sociological literature to highlight the negative effects of homesickness on migrant workers and possibly on expatriates. These effects range from psychological disruptions to physical manifestations which affect the health and welfare of the individuals, and could ultimately impact on their performance in the expatriate assignment. The paper concludes that given the significant amount of evidence found to substantiate the argument that homesickness is an illness and detrimental to psychological and social well-being of displaced people, it is crucial that further research is undertaken in this area as affecting expatriates because the size of the investment in expatriate assignment commands that the risks of failure are minimised.*

**Key words:** homesickness, migrants, expatriates, cultural adjustment, social isolation, performance management.

## **Introduction**

Moving away from home, voluntarily as in the case of tourists, expatriates and students, or forcibly as in the case of forced migrants and refugees has always led people to feel homesick. Homesickness as a psychological state created by the prospect or the reality of social isolation has been under-researched. Much of the literature on international human resource management acknowledges that one of the key issues facing expatriates and international staff is related to adjustment to the new place. For instance Black, Mendenhall & Oddou (1991) identify a typology of adjustment difficulties formed of four major elements: individual factors, non-work factors, organisational factors and job factors. However, while issues of culture and the family occupy a central place, homesickness is not mentioned. Similarly, homesickness is absent from Hechanova *et al.*'s (2003) model of expatriate adjustment and Briscoe & Schuler's (2004) influential text in the field, does not address the issue.

The present article argues that homesickness, often neglected in the expatriate literature, is a serious issue that needs addressing. The article uses psychological and medical reasoning to argue this seriousness. It also draws on the literature on migrants and migrant labour to argue the far reaching consequences of the failure to tackle the problem. The first part of the article provides a definition of the term homesickness, which informs the rest of the paper; the second part considers how homesickness represents an illness and explores its consequences for expatriates, migrants and organisations; the third part examines some theoretical models of homesickness and the final part is concerned with the examination of some possible interventions that multinational companies (MNCs) could consider.

## **Defining homesickness**

Van Tilburg, Vingerhoets & Van Heck (1996: 899) define homesickness as "the commonly experienced state of distress among those who have left their house and home and find themselves in a new and unfamiliar environment". The authors argue that homesickness is a big stressor which can cause ill-

health in the people affected, e.g. “depression, deficiencies in the immune system, diabetes”. The authors’ claim is not isolated. Other scientists such as Leff *et al.* (1970), Weissman & Paykel (1973) and Ekblad (1993) have also found evidence to support the claim that homesickness affects health. If homesickness affects people on the move, even the voluntary migrants, then there is a possibility that it could also be pronounced in the expatriate population. Indeed, the literature suggests that it is common in displaced people and that it is an illness of socially disorientated and isolated people.

### **Homesickness as an illness**

As an illness, according to medical and psychological evidence, homesickness has some tangible symptoms which are physical, cognitive and behavioural. It is not rare to see sufferers complain of gastric and intestinal pains, lack of sleep, headache, feeling of tiredness and some eating disorders.

Fisher (1989), Baier & Welch (1992) and many others have found much evidence to support this claim. Examining the cognitive symptoms of homesickness, Fisher (1989:) reveals that there develops in the displaced person obsessive thoughts about home and sometimes simultaneously negative thoughts about the new place. Fisher also identifies a state of absent mindedness in the people affected. There is a tendency to idealise home rather than revisiting the problems one encountered there before (Van Tilburg, Vingerhoets & Van Heck, 1996: 903). The behavioural symptoms include “apathy, listlessness, lack of initiative and little interest in the new environment”. A number of expatriate and migrant studies acknowledged that there are numerous and complex relationships between socio-cultural and psychological adjustment (Scullion & Linehan, 2005; Brewster & Scullion, 1997; Fisher, 1989; Lin 1986). The business consequences of such psychological, physiological and social anomalies are numerous and include lack of motivation, lack of team spirit and poor performance (Deresky, 2006). Omi and Winnant (2003) found similar consequences in their study of a migrant population in East Kentucky, in the United States. It should, however,

be acknowledged that there may be elements related to personality as well as to the impact of the micro-environment in which the expatriates or other labour migrants arrive. If the individuals' degree of psychological damage, as a result of displacement, is high and has deeply affected their morale and perhaps personality, then they are more likely to display much of the pathological signs explained by Fisher and other psychologists. In addition, the degree to which the new environment in which the international assignee or the migrant lands is supportive will determine the degree to which the newcomer experiences difficulties and the extent to which he or she feels homesick. Although most studies of homesickness have been conducted on other groups of migrants, not necessarily expatriates, given the above arguments it may not be unreasonable to attempt to speculate possible generalisations of the conclusions to international assignees and to the social environments in which they arrive. The cognitive and behavioural symptoms of homesickness are likely to lead to emotional problems such as low mood, lack of security, loneliness, nervousness, lack of control and depression.

The numerous symptoms and effects of homesickness help to appreciate the seriousness of the problem, especially as it may affect long term international assignees and expatriates. Many expatriates, in fact, are people who may already be facing stress associated with their involvement in major ventures in the home country; in addition they may be facing the dilemma of whether to pursue their career within a MNC in their own home country or seek an international experience often seen as a 'fetishism' for a high flying career as a global manager or consultant. Further dilemma would be faced by dual career couples that may be worried about opportunities for the partner abroad or the security of their jobs on return. Such a 'psychological trauma' coupled with isolation and difficult conditions in the new environment could culminate into acute cases of homesickness. If support is not offered, then homesickness may contribute to protract their suffering. In such a case, integration and successful rebuilding of broken lives are in great jeopardy and could in turn affect the success of the international assignment as argued earlier.

Homesickness is often viewed as a periodic situation although in "severe cases these feelings are continuous" (Fisher *et al.*, 1984). These

severe cases may apply to international assignees as they would have often left societies with largely different cultures. The seriousness of homesickness is further indicated by its prevalence although it has been suggested that it is hard to assess prevalence of the 'disease' because of its periodicalness. Van Tilburg, Vingerhoets & Van Heck (1996) have found that most people experience homesickness especially in the early days of their departure and only grave experiences are reported spontaneously. Fisher *et al.*, (1984) studied homesickness among boarding school pupils and they found that only 18 per cent of cases were reported. However, a deeper investigation in the same school revealed that there was a prevalence rate of 60 to 70 per cent. This situation may translate the case of expatriates who fall within a field that is under-researched as asserted and substantiated earlier in this paper. The little attention paid to homesickness in expatriate literature and, at the same time, the volumes of existing evidence that a significant number of international assignments end in failure (Briscoe & Schuler, 2004), could be an indication that many cases of homesickness go unreported. Homesickness in expatriates and international workers could be a deeper and continuous process that should command more attention if the success rate in international labour transfers is to improve.

### **Theoretical models of homesickness**

Fisher (1989) developed models of homesickness that, in many ways, resemble Lin's (1986) model of psychological and social disruption in forced migrants. Fisher drew five models to the ways in which homesickness affect people who are away from their usual 'home'. The first, the *Loss and attachment model*, assumes that the separation of the person from his or her social and cultural networks is felt as a loss which sometimes turns into anxiety, grief and anger. If this is persistent, the feeling of loss aggravates to become apathy and helplessness (Van Tilburg, Vingerhoets & Van Heck, 1996: 903). These latter consequences of homesickness in the loss model are what occasion a situation of dependency for the people affected and leads, in turn, to "depression, orgraphobia, two symptoms of home sickness" according to the authors.

The second model, the *Interruption and discontinuity model*, is based on the fact that a break in the way people used to lead their lives and fulfil their daily routines can be an important stressor and the source of other negative emotions like fear, anxiety, and distress. The individual becomes powerless because the basic foundations of his/her real life have broken down. In order to survive in the new environment, the expatriate or displaced person needs important adjustments that may not be achieved in the immediate future, or may not be achievable at all. Thus, the more protracted the process of adjustment is, the more anxiety, fear and depression is developed which could prevent, to a large extent, successful social and professional integration in the case of international assignees.

In a third model, the *Reduced personal control model*, Fisher (1989) argues that the displaced person is not in control of the new environment in which he or she has landed. In many instances, the individual lacks coping mechanisms susceptible of helping to accommodate the new social, cultural, technological and psychological conditions which can be perceived as opposing and threatening forces. These observations have led Burt (1993) to argue that the development of homesickness is mainly due to the fact that the displaced person is not in control of the host environment.

In Fischer's fourth model, the *Change and transition model*, individuals are obliged to accept to fulfil new roles that are supposed to enable them to live in harmony with the host environment. The transition between "giving up" old roles and habits to "adopt" the novel ones is particularly stressful. This has been observed in male and female migrant behaviour. For instance, in research by the various migrant assisting organisations, some male migrants have been reluctant to perform kitchen and childcare duties in the United Kingdom because in their original cultures such duties are essential feminine. Similarly, some female migrants have been reluctant to contemplate work with male colleagues as this might clash with their own culture and religion. (Hack-Polay, 2006).

In his final model, the *Conflict model*, Fisher's (1989) believes that there is a perceived or potential conflict within the individual's self. On the one hand the displaced person has the will - or is rather forced - to learn and acquire new ways of seeing and approaching things and life. On the other

hand, there is a sort of resistance on the part of the individual to accommodate the irreversible and uncontrollable wind of change. Thus, there exists in the mind of the displaced persons a desire (or rather hope) to return home but they are confronted with issues of security and safety.

These models are interesting to consider in the attempt to understand the behaviours of displaced people including expatriates and international workers. The models offer a fairly comprehensive catalogue of what expatriates may feel like and do in the new socio-cultural and professional context. However, instead of seeing Fisher's theories as five different models, there could be a realistic inclination to categorise them as one single model of homesickness with different stages. Indeed, it is not rare to observe that an individual goes through more than one, and sometimes, all the stages defined by Fisher's model. These stages may be experienced or felt simultaneously or occur gradually. A few theorists suggest some possible interventions or remedy to cure the homesickness illness.

## **Possible interventions**

### *Curative intervention*

Van Tilburg, Vingerhoets & Van Heck, (1996: 909) have argued that "the possibilities of interventions appear to be limited". But much of what the literature suggests as a remedy for the 'common illness' of homesickness turns around the return to the original society. This mode of intervention can be seen as controversial because in many cases the people affected cannot return, at least not immediately, to the original society because of coercive forces preventing them to do so. In the case of expatriates, for instance, the coercive force may be the risk of losing their jobs, shame of being labelled as incompetent, the risk of not being able to move up the ladders in their career, or the prospect of unemployment, etc.

Probably, other more realistic modes of interventions may be found in the "stress management" approach (Fisher, 1989). It is designed to help the affected people to accept the feeling of homesickness, to be involved in the new environment, to do physical activities (sports, games, visits), to eat and



sleep well, to go onto training programmes (Van Tilburg, Vingerhoets & Van Heck, 1996). It can be seen that, with the exception of the stress management approach, most remedies are social interventions and they turn around reconstructing the social context or what is regarded as home. However, in order to be effective, the artificial home needs much resemblance to the original one and this should be reflected in the resettlement strategies and the choice of resettlement areas for refugees. The reconstruction of a familiar social context needs to take account of culture because this has often represented another big problem for displaced people and is well documented in expatriate literature.

### *Preventive solutions*

Preventive solutions may be deeply rooted in the ability of the organisations to ensure adequate preparations for their expatriates before departure. Deresky (2006) emphasise the crucial importance of preparation and training. She argues that such activities smooth the expatriate's landing in the new environment and reduce the culture shock, including disorientation and anxiety. Deresky also argues that people in such a situation face trauma and key symptoms of this include irritation and deep seated-psychological panic and crisis.

Preparation should chiefly be concerned with informing the expatriate about the circumstances in the host country; it should also crucially highlight the possibility that the expatriate may suffer some social and psychological isolation for some time before he or she becomes acquainted with the new environment, i.e. both physical and social. There should be an understanding that this process is normal and requires time and personal or family effort for a positive and gradual adjustment. Deresky (2006: 364) believes that important family problems could result from homesickness; members could turn against each other and this could lead, on occasions, to the disintegration of the family. The author argues that a large number of people do not pass this stage, causing the expatriate to return earlier.

As part of the preventive methods, the expatriates pack should include plans for frequent return visits back home. Although this may add to the

overall cost of the expatriate assignment, it will still remain cheaper than failed expatriation. This should be accounted for as part of the balance sheet approach to compensating the expatriate as it will equalise the standard of living between the host and home countries and compensate for inconvenience or qualitative loss (Deresky, 2006: 370). Possibly, a relative of the expatriate, apart from the accompanying spouse and children, could be sponsored by the organisation to visit the expatriate occasionally. This may be the mother, father or other relative dear to the expatriate. This approach is likely to ensure that there is not substantial breakdown in the family relationship and reduce the feeling of missing dear ones, which is often at the centre of homesickness. Such a strategy could be vital where the member of staff is located in a very remote area difficult to access and where the expatriate has little available option even if he or she wanted to fund their own outward visits.

Last but not least, reducing homesickness could also take into account an attempt to rebuild a socio-cultural network, however artificial it may be. In many places several multinational companies work in juxtaposition and their staff may share cultural norms. For instance, areas such as Thailand, Indonesia or West Africa where French, British and American expatriates work for their respective MNCs, there could be concerted efforts to set an expatriate network that could also include host country nationals (HCNs). Cultural practices such as nightclubs, religious institutions (church, mosque) schools or childcare facilities could be set up jointly to provide a more cultural sensitive network for the expatriates. This is far from implying that parent company nationals (PCNs) and third country nationals (TCNs) should cut themselves off the host society. On the contrary they learn from each other's adjustment difficulties and successes at the same time as combating somehow the effects of home sickness. In a study on forced migrants Reynolds & Shackman (1995) argued that possibly the best way to help the migrants to settle in the new society is to help them build familiar social networks and self-help groups that would provide them with the means to integrate the wider host society.

## **Conclusion**

The paper has shown that homesickness is a critical issue for migrants and other displaced people. This could affect expatriates and multinational organisations to a large extent. Not many studies have been conducted specifically with regards to expatriates but some of the little evidence we have (Deresky, 2006) suggests that it is a serious issue with potentially serious negative impacts if it is not remedied. In fact homesickness is a condition that many psychologists see as an illness (Fisher, 1989; Van Tilburg, Vingerhoets & Van Heck, 1996), with important manifestations that have bearings on performance. For example, the displaced person could be irritable, sad, uncooperative and lacking initiative and drive. These elements seen in a business context may lead to lower performance and productivity. Harris, Brewster & Sparrow, 2004 argue that performance management should be a crucial area for investigation, and I believe that in undertaking this task, the impact of homesickness on expatriate performance should not be overlooked. Further research needed to establish the weight of homesickness in expatriate failure. This means attempting to establish whether an employee posted overseas who is free from homesickness as an illness will have better performance and generate better return on investment and, if so, how to set the labour migrant free from homesickness. For homesickness could be a critical factor affecting adaptation and adjustment and should require greater attention than it receives at present. Expatriation is a tremendous corporate investment whose high cost has been consistently argued and it is important to take every little step to safeguard such crucial investment.

## **References**

Baier, M & Welch, M (1992), "An analysis of the concept of homesickness" *Archives of Psychiatric Nursing*, 6, 54-60.

Black, J S, Mendenhall, M & Oddou, G (1991), "Towards a comprehensive model of international adjustment: an integration of multiple theoretical perspectives", *Academy of Management Review*, 16, 291-317.

Brewster, C & Scullion, H (1997), "Expatriate HRM: an agenda and a review", *Human Resource Management Journal*, 7 (3), 32-41.

Briscoe, R S & Schuler, D R (2004), *International human resource management*, New York: Routledge.

Burt, C. D. B. (1993), "Concentration and academic ability following transition to university: an investigation of the effects of homesickness" *Journal of Environmental Psychology*, 13, 333-342.

Deresky (2006), *International management: managing across borders and cultures*, New Jersey: Pearson/Prentice Hall.

Ekblad, S (1993), "Psychological adaptation of children while housed in Swedish refugee camp: aftermath of the collapse of Yugoslavia", *Stress Medicine*, 9, 159-166

Fisher, S., (1989), *Homesickness, cognition and health*, London: Erlbaum.

Fisher, S & al. (1984), "The transition from home to boarding school: a diary-style analysis of the problems and worries of boarding school pupils", *Journal of Environmental Psychology*, 6, 35-37.

Hack-Polay, D D (2006), *Metaphors and narratives in exile: understanding the experiences of forced migrants in Britain*, [unpublished PhD thesis], Guildford, University of Surrey.

Harris, H, Brewster, C & Sparrow, P (2004), *International human resource management*, London: CIPD.

Hechanova, R, Beehr, T A & Christiansen, N D (2003), "Antecedents and consequences of employees' adjustment to overseas assignment: a meta-analytic review", *Applied Psychology*, 52 (2), 213–236.

Leff, M J *et al.* (1970), "Environmental factors preceding the onset of severe depressions", *Psychiatry*, 33, 293-311.

Lin, K M (1986) "Psychopathology disruption in refugees" in Williams, C L & Westermeyer, J (eds.), *Refugee mental health in resettlement countries*, Washington DC: Hemisphere Publishing Corporation, 61-73.

Omi, M & Winnant, H (2003), *Racial formation in the United States*, London: Routledge.

Scullion, H & Linehan, M (2005), *International human resource management: a critical text*, Basingstoke: Palgrave Macmillan.

Shackman, J & Reynolds, J (1995), *On defeating exile*, London: OpenMind.

Van Tilburg, M A L, Vingerhoets, A J & Van Heck, G L (1996), "Homesickness: a review of the literature", *Psychological Medicine*, 26, 899-912.

Weissman, M M & Paykel, E S (1973), *Moving and depression in women*, New York: Basic Books.